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Hyper-Visible Yet Invisible: Exploring the Body Image Experiences of Overweight Women in Everyday Life

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Abstract: Weight stigma remains a pervasive issue in contemporary society, impacting individuals' psychological well-being, social inclusion, and access to opportunities. This study explored the lived experiences of overweight women, focusing on body image, stigma, and engagement with dominant health and beauty norms. Using a qualitative, phenomenological approach, online in-depth interviews were conducted with 14 women aged 25 to 51, primarily residing in southern and eastern Europe (Greece, Cyprus, Albania, Romania, and Bulgaria), with three participants from the United Kingdom. Thematic analysis revealed four key themes: workplace discrimination, pressures during pregnancy and the postpartum period, ambivalence toward body positivity movements, and the emotional toll of stigma, including extreme coping strategies. Participants described being marginalized professionally, scrutinized publicly and within families, and caught between ideals of inclusivity and persistent societal rejection. The findings emphasize the psychological burden of weight-based discrimination and the superficial nature of many body acceptance campaigns. This study calls for structural changes in healthcare, media, and employment practices to support body diversity and dismantle entrenched biases. By centering the voices of overweight women, the research contributes to broader discussions on embodiment, social justice, and intersectionality within the field of body image scholarship.

Keywords: body image; overweight women; body positivity; beauty ideals; stigma; discrimination

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Academic Editor: Andrew John Hill

Received: 13 May 2025
Revised: 28 May 2025
Accepted: 5 June 2025
Published: 6 June 2025

Citation: Tragantzopoulou, P. Hyper-Visible Yet Invisible: Exploring the Body Image Experiences of Overweight Women in Everyday Life. *Obesities* **2025**, *5*, 44. https://doi.org/10.3390/obesities5020044

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1. Introduction

Over the past century, ideals around food, health, and body image have shifted from viewing fuller figures as signs of prosperity to equating thinness with beauty, discipline, and moral virtue [1–4]. Industrialized food production and globalization have not only changed what we eat but also how we judge bodies [3]. In contemporary Western societies, the lean, muscular body is often seen as a symbol of self-control and personal responsibility—a view shaped by "healthism" and reinforced by neoliberal values of productivity and individual accountability [5–7]. This moral framing of health stigmatizes larger bodies and overlooks the complex interplay of genetic, environmental, and social factors that influence weight and eating behavior. In this context, the pursuit of "healthy living" can take extreme forms, including disordered eating patterns such as anorexia or orthorexia nervosa—characterized by obsessive calorie control and fixation on "clean" eating [8–11]. Meanwhile, the aggressive marketing of ultra-processed foods, especially to young people, has contributed to a growing number of individuals living with overweight and related health risks [12,13]. Amid these contradictory forces—where unhealthy foods

are aggressively marketed while personal responsibility is valorized—excess weight is often reduced to a simplistic narrative of individual failure [14].

No longer viewed solely as a result of personal choices regarding diet and exercise, excess weight is now widely understood as the outcome of intersecting biological, environmental, social, and psychological factors [14,15]. Despite this shift in scientific understanding, public discourse remains stubbornly reductive, often framing excess weight as a matter of individual responsibility and moral failing [16,17]. Yet, cultural narratives continue to prioritize willpower and discipline over systemic determinants such as food environments, urban design, and social inequalities—reinforcing stigma and marginalization [16,17].

Weight stigma, defined as the negative attitudes and discriminatory behaviors directed toward individuals because of their body size, is a pervasive consequence of this moral framing [18]. It manifests not only in overt discrimination but also in subtle, institutionalized forms across healthcare, education, employment, and public life. These biases are underpinned by long-standing cultural ideals that equate thinness with virtue, discipline, and success—while casting larger bodies as unhealthy, undesirable, or lacking in self-control [19]. Such assumptions ignore the scientific evidence on the complex causes of excess weight and contribute to the widespread social devaluation of individuals living in larger bodies.

The psychological burden of weight stigma is significant. Research links it to increased rates of depression, anxiety, low self-esteem, and disordered eating, creating a harmful cycle in which stigma itself becomes a barrier to health and well-being [20–22]. Moreover, when negative societal attitudes are internalized, they can lead to chronic shame, self-blame, and a diminished sense of self-worth—especially in women who face intensified scrutiny under gendered beauty norms [23,24]. These harmful perceptions are reinforced through cultural institutions and media portrayals that promote the "thin ideal" and depict weight loss as a moral or personal achievement [24]. Attribution theory provides insight into these dynamics, suggesting that people tend to view weight as a controllable trait, thus blaming individuals for their body size while overlooking broader structural contributors [23,25]. This individualistic lens not only deepens stigma but also shapes public policy and social behavior in ways that further disadvantage people living with excess weight.

Weight-based discrimination is particularly pronounced in professional settings, where individuals—especially women—face bias in hiring, promotion, and compensation [26,27]. Numerous studies show that larger-bodied employees are often perceived as less competent or less motivated, regardless of their actual performance [28,29]. Evidence from various types of studies—including cross-sectional surveys, large-scale population research, and experimental designs—consistently shows that weight bias affects several employment-related outcomes. Compared to individuals of average weight, those with higher body weight are less frequently offered jobs [30,31], tend to earn lower salaries [32], and are promoted less often [33]. Additionally, many employees in this group report experiencing disrespectful treatment, such as rude remarks or unprofessional conduct from colleagues and managers [34]. These biases affect not only career opportunities but also mental health, with many individuals experiencing stereotype threat and reduced workplace confidence [27].

Importantly, this pattern of weight-related bias extends beyond professional environments into healthcare settings, where its consequences can be equally damaging. Weight bias within maternity care settings remains a critical yet underexplored issue, particularly for women living with overweight. A growing body of research highlights that healthcare professionals (HCPs)—including doctors, nurses, dietitians, and other allied health staff—often hold both implicit and explicit biases toward individuals with higher body weight [35]. These attitudes are not only pervasive but comparable in intensity to those found in the

general public. Such biases are especially concerning during the perinatal period, where nearly half of the women in the preconception phase are classified as overweight or obese and are, therefore, at increased risk of experiencing stigmatizing interactions [36]. Studies show that maternity care providers frequently perceive higher-weight pregnant women as less motivated, less compliant, and less capable of managing their health, leading to less positive caregiving attitudes compared to those directed at lower-weight patients [35,36]. Even providers who report minimal weight stigma tend to respond less empathetically to women with larger bodies. These negative encounters can have serious psychosocial consequences, compounding the vulnerability of pregnant individuals who already face elevated risks for depression and anxiety during this life stage [37]. The resulting feelings of shame, judgment, and blame may hinder open communication with care providers and reduce the quality of care received, underscoring the need for more individualized, compassionate maternity services free from weight-related assumptions.

Despite growing evidence of its harm, weight stigma remains entrenched in both cultural attitudes and institutional practices. Addressing it requires moving beyond individual blame to embrace a systemic understanding of body diversity and the emotional toll of living in a larger body. In response to rigid beauty standards and pervasive weight discrimination, the early 21st century saw the rise in the body positivity movement—a sociopolitical push for inclusivity that emerged from feminist, fat, Black, queer, and disabled activism [38,39]. Central to this shift was the idea of body appreciation: valuing the body regardless of appearance, resisting media ideals, and promoting self-care [38,39]. However, the movement's original focus on systemic oppression has increasingly been diluted as commercial wellness industries adopted its language, often promoting a narrow ideal of "acceptable" body diversity—young, thin, white, and able-bodied [39,40].

While the discourse around weight stigma has expanded, the everyday experiences of overweight women remain underexplored, particularly the emotional and identity-based challenges they face. Existing frameworks like body positivity offer potential, but their inclusivity and relevance for those still subjected to daily discrimination are uncertain. This study seeks to explore how overweight women perceive their bodies, navigate stigma, and respond to dominant beauty and health narratives—aiming to amplify underrepresented voices and promote a more empathetic understanding of body image in contemporary society.

2. Materials and Methods

A qualitative, phenomenological approach was employed to gain an in-depth understanding of how overweight women perceive their bodies, emotionally navigate societal judgments, and respond to cultural discourses such as body positivity or mainstream beauty standards. Phenomenology was chosen as it enables the exploration of individuals' subjective experiences and the meanings they attach to them [41]. The central research question guiding this study was: How do overweight women experience and make sense of their bodies in relation to societal expectations, stigma, and body image discourses?

2.1. Participants

Participants were recruited between November 2023 and May 2024 through online advertisements and personal social media networks, using a purposive sampling strategy to identify individuals who met the study's criteria. This approach was complemented by snowball sampling, where participants could refer others who might be eligible and interested. Inclusion criteria required participants to (1) be over 18 years old, (2) have a BMI between 25 and 29.9, classifying them as overweight according to World Health Organization (WHO) standards, (3) be fluent in English or Greek, and (4) not be currently undergoing treatment for any eating disorder. A total of 14 women took part in the study

(see Table 1). Although the recruitment strategy was online and not limited to a specific geographical area, most participants were residing in southern and eastern European countries, including Greece, Cyprus, Albania, Romania, and Bulgaria. Three participants were from the United Kingdom, reflecting a broader European context. While regional and cultural influences may have shaped participant experiences, the study did not set out to compare national perspectives. Rather, it aimed to explore a range of experiences with body image and eating-related concerns among women who met the inclusion criteria. The researcher had no prior personal or professional relationships with any of the participants. Information sheets were shared electronically with each participant prior to the interview, detailing the aims of the study, ethical considerations, and the right to withdraw at any time. All participants provided informed written consent.

Table 1. Participants' Characteristics.

Participant ID	Age	Nationality/Ethnicity	BMI (kg/m^2)
P1	28	Greek	27.8
P2	34	Greek	29.4
P3	41	Greek	28.9
P3	25	Greek	26.3
P4	38	Greek	29.7
P5	30	Cypriot	28.1
P6	43	Albanian	26.5
P7	27	Romanian	29.1
P8	36	British	27.4
P9	45	Bulgarian	28.6
P10	32	Greek	25.9
P11	39	British	29.0
P12	31	Greek	26.8
P13	29	Greek	27.2
P14	51	British	27.6

2.2. Data Collection

Given the subjective and deeply personal nature of body image concerns, one-to-one, in-depth interviews were selected as the primary method of data collection. This approach provided participants with the opportunity to articulate their experiences in a private and open-ended format, enabling the researcher to gather rich, nuanced data [42]. The interview guide was developed to explore various aspects of participants' experiences, including their body image perceptions and experiences in their workplace. Interviews were conducted online via Microsoft Teams, allowing for accessibility and flexibility, particularly for participants who may have felt uncomfortable discussing body image issues in a face-to-face setting. Interviews lasted between 30 and 60 min and were audio-recorded to ensure accuracy in transcription and analysis. Participants were encouraged to speak freely, and the interviewer maintained a conversational tone to facilitate openness and ease.

2.3. Data Analysis

Data were analyzed using thematic analysis, following Braun and Clarke's [43] six-step framework. Thematic analysis was chosen due to its flexibility and suitability for identifying patterns within qualitative data while preserving the depth of individual experiences. The analytical process involved several key stages. The first stage involved familiarization

with the data, where the researcher transcribed each interview verbatim and repeatedly reviewed the transcripts while listening to the recordings to ensure accuracy. This stage allowed for an initial understanding of emerging patterns and themes. The second stage entailed generating initial codes, where significant data segments were identified and systematically coded to highlight meaningful insights relevant to body image and the impact of thinspiration and fitspiration content. Following the coding process, the third stage involved searching for themes, where related codes were grouped together to form broader themes that encapsulated key patterns in participants' experiences. These themes were then refined in the fourth stage, reviewing themes to ensure internal consistency and meaningful distinctions between different aspects of the data. Themes that lacked sufficient support or were too broad were either merged with others or discarded. In the fifth stage, defining and naming themes, each theme was carefully articulated to accurately represent the experiences described by participants. The final stage involved extracting illustrative examples, where direct quotes from participants were selected to provide clear and compelling evidence for each identified theme. These quotes were used to demonstrate the lived experiences of overweight women engaging with thinspiration and fitspiration content.

2.4. Rigor and Trustworthiness

To ensure the rigor and trustworthiness of the study, several strategies were employed throughout the research process. Member checking was conducted by inviting participants to review their interview transcripts to ensure accuracy and confirm that their experiences were accurately represented. Any clarifications or adjustments suggested by participants were incorporated into the final dataset. Reflexivity played a crucial role in minimizing researcher bias. Since the study was conducted by a single researcher, reflexive journaling was used to document personal thoughts and potential biases throughout data collection and analysis. This helped to maintain awareness of any preconceived notions and ensure that findings remained true to participants' accounts. Additionally, a thorough audit trail was maintained, which included detailed documentation of the coding process, theme development, and analytical decisions. This allowed for a structured and transparent analysis process, supporting the credibility of the study. Although only one researcher was responsible for data analysis, findings were cross-referenced with existing literature on body image and overweight women influences to ensure alignment with previous research and theoretical frameworks.

2.5. Ethical Considerations

Ethical approval for this study was obtained from the University's ethics committee, ensuring adherence to ethical research standards. Participation in the study was entirely voluntary, and participants were informed of their right to withdraw at any time without providing a reason. Before the interviews commenced, all participants were provided with a detailed information sheet outlining the study's purpose, confidentiality measures, and data handling procedures. Written informed consent was obtained from all participants prior to data collection. To protect anonymity, all identifying details were removed from transcripts, and pseudonyms were assigned to ensure that personal information remained confidential. Audio recordings were securely stored and deleted after transcription in accordance with ethical guidelines. Participants were also provided with support resources in case discussions about body image evoked distress. Additionally, the researcher remained mindful of participants' emotional well-being during the interviews, offering breaks if needed and ensuring a supportive and respectful atmosphere.

3. Results

In this study, four key themes were identified from the experiences of overweight women regarding their body image and everyday life (see Figure 1). Each theme provides insight into the multifaceted nature of body image and the complex ways in which women navigate societal expectations, personal struggles, and emotional resilience.

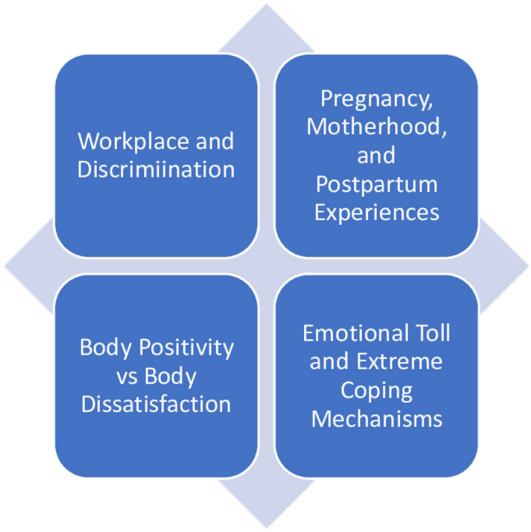

Figure 1. Identified Themes.

3.1. Workplace and Discrimination

Women reported feeling that their size influenced how they were perceived by colleagues, often leading to unconscious bias or subtle discrimination despite their professional competence. Many women reported feeling overlooked or undervalued in the workplace. They mentioned subtle biases, such as being excluded from leadership roles or important meetings, which they attributed to their body size. "I can't help but wonder if I would be taken more seriously if I were smaller", shared P3. The stigma surrounding body size seemed to perpetuate the perception that overweight women were less capable or less professional, regardless of their qualifications or work ethic.

A particularly disheartening aspect of this theme was the feeling of being hidden or sidelined in workplace environments. Some participants noted that they were not given customer-facing roles or were placed "behind the scenes" in jobs that required less interaction with the public. "I was always put in the back of the store, away from customers. It felt like I was being hidden because of how I look. Like my body wasn't the image they wanted to project". described P1. These women spoke about how their physical appearance seemed to influence their role assignments, subtly reinforcing the idea that larger bodies were not desirable for public-facing positions.

This theme also touched on the emotional toll of these workplace dynamics. Participants noted that constantly having to manage their body image in professional spaces created feelings of mental exhaustion and anxiety. "It's like I'm always having to work harder to prove myself in the workplace because I feel like my body is working against me", said P8. Despite these challenges, some women found ways to empower themselves by embracing their bodies, leaning on supportive colleagues, and finding workplace mentors who prioritized their abilities over their appearance.

3.2. Pregnancy, Motherhood, and Postpartum Experiences

During pregnancy, a common concern among participants was the societal assumption that being overweight would lead to more complications or health risks, often without

regard to individual health or prenatal care. "As soon as I found out I was pregnant, people would say things like, 'You're going to have a hard time with the pregnancy because of your weight'", shared P4. This type of comment added unnecessary stress, creating the feeling that their bodies were inherently problematic during what should be a joyous time.

The emotional burden continued post-pregnancy, with many women describing a sense of pressure to lose weight quickly or "get back to normal" after childbirth. "People are constantly asking when you're going to lose the baby weight, but what they don't realize is that I was already overweight before I got pregnant. It feels like they're judging me for not fitting into the 'ideal' even after pregnancy", said P14. This ongoing pressure intensified the difficulty of managing the physical and emotional demands of motherhood, as some women felt that their value was being judged by how closely their bodies adhered to societal norms of beauty and fitness.

Furthermore, many women shared that the discourse around weight and health in maternity and postpartum care often ignored their lived experiences, leaving them feeling invisible or misunderstood. "When I went for checkups, it was all about my weight—every visit focused on how much I had gained or what I should be doing to lose weight. No one asked how I was really feeling as a mother", explained P12. This lack of holistic care and understanding made it even harder to feel supported during a vulnerable time. The overwhelming emphasis on weight loss overshadowed their needs as new mothers, leaving many to struggle with feelings of inadequacy and frustration.

3.3. Body Positivity vs. Body Dissatisfaction

Many participants expressed a complex relationship with the body positivity movement, feeling torn between the ideals of self-acceptance and the everyday challenges of living in a larger body. While they appreciated the increasing representation of plus-size women in media, the reality of navigating daily life often made body positivity feel aspirational rather than achievable. *"I love seeing women my size wearing whatever they want, but when I try it, I hesitate. I think, 'Can I really pull this off?'"* shared P7. This internal tension between external messages of self-love and practical challenges, like finding clothing that fits or feeling self-conscious in public, made embracing body positivity difficult in practice.

For many, shopping was a constant reminder of how societal expectations did not align with their body type. "I want to believe in body positivity, I really do. But then I go shopping, and nothing fits right, or I feel uncomfortable in the clothing I can find", explained P3. Many participants spoke about the frustration of trying to find clothes that were not only flattering but also comfortable, noting how this often led to feelings of disappointment and body dissatisfaction. "It's like the world says, 'Be confident!' but when it comes to dressing for my body, it feels like I'm being left out", said P11.

Public spaces, like restaurants or public transport, also presented challenges that conflicted with the body-positive narrative. Some women spoke about the discomfort they felt when navigating spaces designed with smaller bodies in mind. "*Going out to eat with friends should be fun, but I always worry about fitting into the booth or whether the chairs will be too small"*, shared P2. This sense of physical discomfort in public, coupled with the internal pressure to appear confident, left many women feeling that societal expectations of body acceptance only applied in theory, not in their day-to-day lives. *"Even when I try to embrace my body, I feel like everyone around me is reminding me I'm 'too much'—whether it's the stares I get in public or the comments I overhear"*, said P5.

Although social media, particularly body-positive influencers, provided some reassurance, the constant exposure to fitness and weight loss content often reignited feelings of inadequacy. *"I follow these confident, plus-size women online and try to be like them, but then I see transformation posts, and I feel guilty for not trying harder"*, admitted P4. This internal

conflict between embracing body positivity and the pressure to conform to health-related ideals underscored the difficulty of achieving true body acceptance. *"It's exhausting because no matter what, I feel like I'm not doing it right—shouldn't I be working out more, eating better? There's always this little voice questioning my choices"*, explained P6. Despite the growing conversation around body positivity, for many participants, the journey to body acceptance remained fraught with everyday challenges that reinforced their dissatisfaction.

3.4. Emotional Toll and Extreme Coping Mechanisms

Throughout the interviews, participants described feeling a profound emotional toll due to the constant pressure to lose weight or alter their appearance. Many women spoke about the pervasive sense that they were expected to meet certain body standards, whether through weight loss or visible changes to their physical appearance. For some, the pressure was exacerbated by close family members or friends, who regularly made unsolicited comments about their bodies or suggested diets and exercise plans. *"My mom's always saying, 'You'd look so much better if you just lost a little weight.' It makes me feel like she's not seeing me for who I am, just the size of my body"*, shared P1. This constant external scrutiny, combined with personal dissatisfaction, contributed to feelings of inadequacy and frustration.

Many participants admitted to resorting to extreme coping mechanisms to meet these perceived expectations, including dieting, weight loss supplements, and drastic weight management products. *"I've spent so much money on pills, shakes, and detox teas. Every time I see an ad, I think, 'Maybe this will be the one that works.' But it never does"*, stated P14. Despite the lack of long-term success, these methods provided temporary hope, with women often finding themselves trapped in a cycle of constant weight-loss experimentation. Some participants revealed they felt emotionally exhausted by their efforts, expressing how dieting had become an endless pursuit of an unattainable ideal. *"I've tried every diet under the sun—keto, intermittent fasting, you name it. It's exhausting, and in the end, I just feel worse about myself when I don't see the changes I expect"*, explained P9.

The emotional toll went beyond mere frustration with weight loss efforts—it also led to feelings of guilt, shame, and hopelessness. For many, the lack of visible change in their bodies triggered self-blame, leading to increased anxiety and depression. *"Every time I try something new and fail, I feel like I'm failing as a person, not just with my weight loss goals"*, said P10. These extreme coping mechanisms created a toxic cycle where weight loss products and diets were seen as the only solution despite the negative impact they had on mental and emotional well-being.

As the pressure to conform to beauty ideals intensified, the emotional burden of constantly feeling *"not enough"* began to overshadow other aspects of women's lives, leaving them feeling disconnected from their own sense of self-worth. In some cases, participants reflected on how these pressures affected their ability to enjoy life, citing experiences of avoiding social situations or feeling inadequate when engaging in daily activities. *"It's like I'm constantly measuring my success by my body size. It's not about how I feel anymore, it's about what I think others will think of me"*, said P3.

4. Discussion

This study set out to explore the lived body image experiences of overweight women in everyday life, revealing a complex interplay of stigma, resilience, and identity negotiation across multiple social contexts. The four key themes—Workplace and Discrimination, Pregnancy, Motherhood, and Postpartum Experiences, Body Positivity vs. Body Dissatisfaction, Emotional Toll, and Extreme Coping Mechanisms—reflect the nuanced and often contradictory realities faced by participants. Collectively, these themes expose the limita-

tions of dominant societal discourses surrounding body size while also illuminating the affective, relational, and institutional consequences of navigating life in a larger body.

4.1. Workplace Discrimination and Structural Stigma

In the current study, participants' experiences of exclusion and devaluation in professional settings reflect how weight stigma operates as an embedded, institutional form of discrimination, often enacted through subtle yet deeply consequential biases. These findings are consistent with existing research on workplace weight-based discrimination, which highlights that individuals in larger bodies—particularly women—frequently encounter barriers to hiring, are overlooked for promotions, and are often assigned to less visible roles [26–33]. Studies indicate that employer perceptions regarding body size can influence decision-making during recruitment, particularly for roles that require a public presence, such as client-facing or communication-heavy positions [44,45]. For example, applicants perceived as overweight may be viewed as less suitable for high-visibility roles like customer service or reception, even when their qualifications are equivalent [44,45]. It has also been found that white women who are overweight or obese earn 4.5% and 11.9% less, respectively, than their normal-weight counterparts [46], suggesting that esthetic biases translate directly into economic disadvantage.

The participants' accounts of being assigned to back-office positions and receiving lower compensation reinforce the notion that dominant appearance norms—shaped by Western beauty ideals—continue to shape organizational practices. This dynamic also reflects broader cultural discourses of healthism and neoliberalism, which equate thinness with self-discipline and moral virtue, casting larger bodies as evidence of personal failure [5–7]. Further experimental studies have demonstrated that weight bias in hiring persists, with heavier individuals—particularly women—perceived as less competent across both visible and non-visible roles, even when their body size falls within a medically defined healthy range [47]. These perceptions suggest that women in larger bodies face more pervasive judgment, regardless of job visibility or actual ability. Within this framework, body size becomes a proxy for perceived work ethic or competence, undermining the professional credibility of those in larger bodies, irrespective of their actual performance. Participants' feelings of needing to "prove" themselves more than others align with the concept of stereotype threat, wherein individuals must navigate performance expectations under the weight of negative societal assumptions [26,27]. The reported emotional toll—feelings of exhaustion, anxiety, and diminished self-confidence—further illustrates that weight stigma extends beyond interpersonal prejudice; it functions as a form of structural violence, quietly constraining access to opportunities and overall well-being [27]. Recent research underscores that such stigma not only harms individuals but also undermines organizational outcomes. Across two studies involving over 600 participants, evidence showed that workplace weight discrimination led to increased experiences of social pain minimization (SPM)—a phenomenon in which employees feel that their emotional distress is dismissed or invalidated by colleagues. This invalidation was strongly associated with higher levels of burnout, reduced job satisfaction, and more counterproductive work behaviors [48]. These findings suggest that the impact of weight stigma is compounded when emotional harm is trivialized, resulting in a double blow to both employee well-being and organizational functioning. These insights highlight the urgent need for workplace diversity and inclusion initiatives to directly address anti-fat bias if they are to be truly equitable and effective.

4.2. Stigma in Maternity and Postpartum Care

Participants' accounts during pregnancy and the postpartum period illustrate how weight stigma in maternity care is not only pervasive but also structurally embedded

within clinical practice. As reflected in the introduction, a growing body of research has highlighted that healthcare professionals frequently hold implicit and explicit biases against individuals with higher body weight, often perceiving them as less motivated, less compliant, or less capable of managing their health [35,36]. The present findings echo these concerns, revealing that participants often experienced their pregnancies as being pathologized due to their body size. Rather than receiving holistic care, many were treated primarily as risk factors—a process indicative of the medicalization of fatness, wherein body weight becomes a proxy for health risk [49], often at the expense of individualized, compassionate care.

Despite increasing recognition of the multifactorial and complex nature of obesity—including its genetic, environmental, and social determinants [12,13]—participants who had experienced pregnancy described clinical interactions that were narrowly focused on weight management. This singular focus aligns with broader critiques of public health discourse, which tends to prioritize weight loss as a central marker of maternal well-being while neglecting the psychological, emotional, and social aspects of care [14,15]. The persistent emphasis on "bouncing back" after childbirth further reinforces gendered and ableist beauty ideals, placing disproportionate pressure on new mothers to conform to normative standards of thinness and bodily control [22,23]. These expectations are especially burdensome for women with larger bodies, who are often judged more harshly for failing to meet postnatal esthetic standards. Participants' feelings of invisibility and emotional neglect during postpartum check-ups suggest that the current model of maternity care may inadvertently reproduce stigma under the guise of clinical concern. These experiences align with attribution theory, which posits that weight is frequently perceived as a controllable trait and thus morally evaluated [22,24]. In this context, care providers may unconsciously reinforce the belief that weight gain reflects personal failure, thereby eroding trust and undermining patient-centered care. The consequences extend beyond individual distress to institutional practices that marginalize already vulnerable populations, underscoring the need for more inclusive and empathetic models of perinatal healthcare.

4.3. Body Positivity, Social Ideals, and Everyday Contradictions

In addition to that, the ambivalence many participants expressed toward the body positivity movement points to the complex interplay between social ideals and lived realities. While the increased visibility of plus-size bodies in media was generally welcomed, participants noted that it often remained superficial—featuring conventionally attractive, able-bodied, and racially privileged individuals. This confirms critiques that body positivity, once a radical movement rooted in anti-oppression frameworks [38,39], has been commodified into an aspirational esthetic that excludes those who do not conform to softened versions of the "acceptable plus-size" body.

Participants' difficulty in fully embracing body positivity also reflects the deep internalization of societal norms. Although body appreciation frameworks emphasize self-acceptance and resistance to unrealistic beauty ideals [38,39], the reality of navigating public spaces, shopping for clothes, or managing unwanted attention often reproduces feelings of inadequacy. As one participant noted, "Be confident!" feels like an empty directive when basic social infrastructure—from seating in restaurants to clothing sizing—fails to accommodate diverse bodies. This tension illustrates how structural exclusion undermines individual empowerment. It is not enough to promote self-love when the physical and social world communicates exclusion. Moreover, the influence of social media—both as a space of representation and a source of diet culture—exemplifies the paradox of digital visibility: while some influencers model confidence, transformation narratives, and wellness marketing still dominate, reinforcing body dissatisfaction [8,9]. Within this context, several

participants expressed a desire not necessarily to love their bodies but to make peace with them—a theme echoed in another qualitative study, where women described the ideal self as reconciled with their bodies and less self-critical [50]. This aspiration toward acceptance rather than idealized positivity highlights a more nuanced and compassionate approach to body image.

4.4. Psychological Toll and Coping Mechanisms

The final theme—emotional toll and extreme coping mechanisms—offers some of the most compelling evidence for the psychological harm inflicted by persistent weight stigma. Participants described cycles of hope and despair, marked by repeated attempts to lose weight through restrictive diets and commercial supplements, often with little long-term success. This pattern reflects the broader societal narrative that constructs weight loss as a moral obligation despite research showing the ineffectiveness and harm of yo-yo dieting [5–7,19]. In some cases, participants also described engaging in extreme dietary regimens in an effort to conform to dominant ideals, highlighting the dangerous lengths to which individuals may go in pursuit of socially sanctioned bodies. Such practices, while often socially validated under the guise of "wellness", can lead to disordered eating patterns—including anorexia nervosa, orthorexia, and body image disturbances—where an obsession with calories, dieting, healthy eating, and body image becomes psychologically and physically detrimental [8,9,51–53]. The emotional exhaustion, shame, and self-blame reported by participants can be understood as manifestations of internalized stigma, where individuals adopt society's negative beliefs about their bodies as personal truths [23,24]. This internalization not only leads to poor mental health outcomes but also reinforces the idea that failure to achieve thinness is a personal failing—obscuring the structural conditions that limit access to supportive healthcare, nutritious food, and safe physical activity spaces [23,24,54]. Moreover, the reported avoidance of social situations and diminished self-worth signal that weight stigma operates not only as an interpersonal issue but as a pervasive system of social control. By making larger individuals feel hyper-visible and simultaneously invisible—scrutinized yet excluded—society effectively polices the boundaries of acceptable embodiment. This control is maintained through emotional mechanisms: guilt, fear, and shame.

4.5. Study Limitations

While this study offers valuable insight into the lived experiences of overweight women, several limitations must be acknowledged. First, although the sample provided rich and meaningful narratives, it was relatively small and largely homogenous in terms of racial, ethnic, and cultural diversity, with the majority of participants identifying as Greek or European. This limits the transferability of the findings to more diverse populations or cultural contexts where body norms and weight-related stigma may differ. Another limitation relates to the decision to include only women with a BMI between 25 and 29.9, classified as overweight but not obese. While this criterion was intentionally set to explore the experiences of individuals who may occupy a more "ambiguous" position in weight-related discourse, it may also mean that some participants experienced less overt forms of stigma or discrimination. In particular, participants closer to the lower threshold of the overweight category may not have encountered the same intensity or frequency of marginalization as those in higher BMI categories. Nevertheless, the study highlights how even subtle societal pressures can shape self-perception, behavior, and emotional well-being in this group. Additionally, while several important themes were identified, including social comparison and body image concerns, others—such as the role of media, medical settings, and intersectional stigma—were touched on only briefly or emerged only

in certain accounts. For example, while weight-related stigma in healthcare was mentioned, it was often limited to perinatal care experiences, leaving out broader interactions with the healthcare system. Similarly, the influence of media and social media was present but not explored in sufficient depth to form a separate theme. These areas warrant further investigation. Finally, although efforts were made to ensure methodological rigor—such as keeping reflexive notes and maintaining an audit trail—the study was conducted by a single researcher. While this allowed for consistency in data collection and analysis, it may also introduce subjective bias. Future studies might benefit from collaborative analysis or researcher triangulation to further enhance credibility.

4.6. Future Directions

Future research should continue to center on lived experiences, especially those at the intersection of race, disability, gender, and socioeconomic status, to better understand how weight stigma is experienced in overlapping and unequal ways. Exploring how cultural values, media exposure, and institutional practices differ across contexts can also shed light on the ways stigma manifests globally. There is also a pressing need for longitudinal studies that trace the cumulative impact of stigma over the life course, as well as intervention-based research that examines which systemic changes—whether in healthcare delivery, workplace policies, or urban design—are most effective in reducing bias and supporting body diversity. Ultimately, this study contributes to a growing call for a paradigm shift: away from framing weight as a personal failing and toward understanding it as a deeply social phenomenon shaped by power, culture, and identity. Only by confronting the institutional and cultural forces that sustain stigma can we move toward a society where all bodies are treated with dignity and respect.

4.7. Conclusions

Taken together, these findings affirm that weight stigma is not merely the result of individual prejudice but a pervasive cultural system shaped by historical beauty ideals, neoliberal health discourses, and structural inequality. Discrimination across contexts—workplace, healthcare, and public life—operates through both overt and subtle mechanisms, gradually undermining women's self-efficacy, body image, and well-being. While body positivity and appreciation frameworks offer important tools for resistance, their potential is limited when stripped of their original political commitments. The commodification of body positivity into marketable slogans and selective representation risks diluting its radical intent. True empowerment requires more than visibility; it calls for systemic change that challenges normative assumptions about body size and affirms diversity as standard rather than exceptional. Public health initiatives, clinical guidelines, and social campaigns must move beyond framing weight as a matter of personal responsibility. Instead, they should address the broader cultural and structural forces that shape how bodies are perceived and treated. Efforts must focus not only on reducing internalized shame but also on dismantling the systems that reproduce stigma. Models of body acceptance must reflect the emotional complexity and lived realities of those most affected—particularly women in marginalized groups.

Funding: This research received no external funding.

Institutional Review Board Statement: The study was conducted in accordance with the Declaration of Helsinki and approved by the Ethics Committee of the University of Derby (protocol code 100484048; date of approval: 21 October 2024).

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: Data can be made available upon reasonable request.

Acknowledgments: The author would like to acknowledge the participants for sharing their experiences.

Conflicts of Interest: The author declares no conflicts of interest.

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